

**AUTHORIZATION TO PROVIDE
MEDICAL RECORDS TO STAFF****U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

TO: _____

I hereby authorize _____ to provide the Warden or the
name of contractor

Warden's designee at the above named Bureau of Prisons institution with complete copies of any medical records that

_____ has prepared or collected or will prepare or collect on me

name of contractor

while in federal custody. I realize these records will be used by Bureau of Prisons medical staff to provide me with medical care. I request
these records be sent to:

I understand that this consent is deemed effective until expressly revoked by me.

Signature of Inmate _____ Date _____

Witnessed by: _____